POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	*Th*	62814	9/8/00
O.I.P.E. CLASSIFIER		3	9/14
FORMALITY REVIEW	MA	830	10-12-00
RESPONSE FORMALITY REVIEW	MA	549	1-2-01

INDEX OF CLAIMS

✔	.... Rejected	N	.... Non-elected
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—	(Through numeral)... Canceled	A	.... Appeal
÷	.... Restricted	O	.... Objected

Claim Final	Original	Date									
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If more than 150 claims or 10 actions
staple additional sheet here

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